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Pam Stewart
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Technical Assistance Paper

Exceptional Student Education Eligibility for Infants, Toddlers and Prekindergarten Children

Summary: The purpose of this technical assistance paper is to convey information about three revised rules. These rules are 6A-6.03026, Florida Administrative Code (F.A.C.), Eligibility Criteria for Prekindergarten Children with Disabilities; 6A-6.03030, F.A.C., Exceptional Student Education Eligibility for Infants and Toddlers Birth Through Two Years Old who have Established Conditions; and 6A-6.03031, F.A.C., Exceptional Student Education Eligibility for Infants and Toddlers Birth Through Two Years Old who are Developmentally Delayed.

The rules have been revised to clarify eligibility criteria for infants, toddlers and prekindergarten children with disabilities and to ensure consistent procedures and practices with the Florida Department of Health, Early Steps Program.

Contact: Janie Register
Program Specialist
850-245-0475
Janie.Register@fldoe.org

Carole West
Program Specialist
850-245-0475
Carole.West@fldoe.org

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A. Introduction

A-1. What is the purpose of this technical assistance paper?

This technical assistance paper (TAP) has been developed to convey information regarding three rules that have been recently revised.

- Rule 6A-6.03026, Florida Administrative Code (F.A.C.), Eligibility Criteria for Prekindergarten Children with Disabilities
- Rule 6A-6.03030, F.A.C., Exceptional Student Education Eligibility for Infants and Toddlers Birth Through Two Years Old who have Established Conditions
- Rule 6A-6.03031, F.A.C., Exceptional Student Education Eligibility for Infants and Toddlers Birth Through two Years Old who are Developmentally Delayed

The above rules were revised to clarify eligibility criteria for infants, toddlers and prekindergarten children with disabilities and to ensure procedures and practices are consistent with the Florida Department of Health, Early Steps Program. See Appendix A for the text of the three revised rules.

A-2. What is the impact of the changes that have been made?

Regarding Rule 6A-6.03026, F.A.C., Eligibility Criteria for Prekindergarten Children with Disabilities, changes were made for the purpose of removing obsolete and redundant language. Additionally, the rule was revised to clarify that an individual educational plan (IEP) team or an individualized family support plan (IFSP) team may recommend that a child with a disability who is eligible for public kindergarten, in accordance with Section 1003.21, Florida Statutes (F.S.), School Attendance, may continue to receive services in the prekindergarten program for children with disabilities for one additional year. This opportunity is only applicable to exceptional student education (ESE) programs and services. The rule also stipulates that the parent or guardian must be informed, in writing, of the implications of remaining in the prekindergarten disabilities program for an additional year. A sample notice to parents has been developed to assist districts in meeting the requirement to inform parents of these implications and is available in Appendix B.

Rules 6A-6.03030 and 6A-6.03031, F.A.C., regarding infants and toddlers with disabilities, were revised to ensure that procedures and practices for evaluating and determining eligibility for infants and toddlers with established conditions and developmental delays conform to the requirements of the Florida Department of Health, Early Steps Program. The Florida Department of Health is the lead agency for early intervention services provided to infants and toddlers with disabilities through Part C of the Individuals with Disabilities Education Act (IDEA). In collaboration with the Early Steps Program, school districts may provide early intervention services for eligible infants and toddlers with disabilities.

The revisions made to these rules establish alignment with the definitions and requirements of the Florida Department of Health as stipulated in the Florida Department of Health, Children’s Medical Services’ Early Steps Policy Handbook and Operations Guide, Component 3, “First Contacts/Evaluation/Assessment,” effective January 1, 2013. The Early Steps Policy Handbook and Operations Guide may be found at http://www.cms-kids.com/home/resources/es_policy_0113/es_policy.html.

B. Rule 6A-6.03026, Florida Administrative Code (F.A.C.), Eligibility Criteria for Prekindergarten Children with Disabilities

B-1. Can a child with a disability remain in the prekindergarten program for children with disabilities an additional year?

Yes. The changes to the rule specify that a child with a disability may continue to receive instruction in the school district prekindergarten program for children with disabilities for one additional year if the IEP or IFSP team determines that placement in a prekindergarten disabilities program is needed in accordance with Rule 6A-6.03028, F.A.C., Provision of Free Appropriate Public Education (FAPE) and Development of Individual Educational Plans for Students with Disabilities.

Although it is anticipated that most children who are served by the prekindergarten disabilities program will enter kindergarten at the time they attain eligibility based on age, unique circumstances have arisen when IEP or IFSP teams believe that having some flexibility to allow a child to remain in the prekindergarten disabilities program benefits the child. The opportunity for a child to receive instruction in a prekindergarten disabilities program for an additional year is only applicable to ESE programs and services. Children who have an IEP or an IFSP and also attend other early childhood programs in addition to the prekindergarten disabilities program would have to meet the qualifications of the other early childhood program in order to remain in that program once the child reaches the age of eligibility for kindergarten.

B-2. What is the responsibility of the school district for informing parents of the implications of a child remaining in the prekindergarten program for children with disabilities an additional year?

The rule allows children with disabilities to remain in the prekindergarten disabilities program for an additional year if the IEP team, including the parent, recommends that this is the best plan for the child. The changes to the rule stipulate that the parent or guardian must be informed, in writing, of the implications of remaining in the prekindergarten disabilities program for an additional year. A sample notice to parents, found in Appendix B, has been developed to assist districts in meeting the requirement to inform parents of these implications.

A common question that has been identified is whether the additional year of remaining in the prekindergarten disabilities program would be deemed retention when considering the future promotion options at grade 3 for a student with a disability. In accordance with

s. 1008.25(6), F.S., some students in grade 3 can be exempted from the retention requirement and be promoted to fourth grade. This is called a “good cause exemption.” One of the good cause exemptions is previous retention in kindergarten, grade 1, grade 2 or grade 3 for a total of two years. An additional year of instruction in the prekindergarten disabilities program is not considered retention and would not “count” for the purpose of this good cause exemption.

B-3. What should happen if a parent disagrees with an individual educational plan (IEP) or individualized family support plan (IFSP) team’s recommendation for an additional year of instruction in a prekindergarten disabilities program?

If the IEP or IFSP team recommends that a child receive an additional year of instruction in the prekindergarten disabilities program and the parent disagrees, the IEP or IFSP team’s recommendation may not be used to deny public kindergarten admission to a child who is otherwise eligible for admission to kindergarten in accordance with s. 1003.21, F.S. In such a circumstance, the IEP or IFSP team must ensure that the child’s IEP or IFSP reflects the necessary services to support the child’s participation in kindergarten. Any articulation or transition procedures or practices established by the school district would apply.

B-4. What happens when a prekindergarten child remains an additional year in the prekindergarten disabilities program, turns six during that year, but does not qualify for another exceptionality?

In accordance with Rule 6A-6.03027, F.A.C., Special Programs for Children Three Through Five Years Old who are Developmentally Delayed, continued eligibility for special programs shall be determined before the child is six years old. If a child turns six during the additional year of attendance in the prekindergarten disabilities program, the child must be evaluated for continued ESE services. When a child is determined ineligible for another ESE program, the child must be dismissed from ESE and transitioned to a regular district kindergarten program.

IEP teams must carefully consider all implications when recommending a child remain in prekindergarten an additional year. In circumstances when continued eligibility as a student with a disability after age six is potentially unlikely, the continuation in a prekindergarten disabilities program would not be advisable.

C. Rule 6A-6.03030, F.A.C., Exceptional Student Education Eligibility for Infants and Toddlers Birth Through Two Years Old who have Established Conditions

C-1. What medical conditions are defined as established conditions in the revised rule?

The revised Rule 6A-6.03030, F.A.C., defines established conditions as included in one of the following categories.

- Genetic and metabolic disorders
- Neurological disorders
- Autism spectrum disorder
- Severe attachment disorder
- Significant sensory impairment (vision or hearing)
- Infants who weigh less than 1,200 grams* at birth

The rule revision aligns and is consistent with the eligibility criteria established by the Florida Department of Health, Early Steps Program policies and guidance and the definition of established conditions in the Early Steps Policy Handbook and Operations Guide, found in Component 3, “First Contacts/Evaluation/Assessment” at http://www.cms-kids.com/home/resources/es_policy_0113/es_policy.html. The local Early Steps (LES) that serves the school district where the child resides determines eligibility.

Component 3.1.3, Guide, of the Early Steps Policy Handbook and Operations Guide further explains that “if an established condition is suspected but a child does not have a written confirmation from a physician or appropriate healthcare practitioner, the local Early Steps (LES) will need to identify for the family at least one accessible local diagnostic resource, either within the local Early Steps or in the local community.”

See Appendix C: Established Conditions List, from the Early Steps Policy Handbook and Operations Guide.

*Note: This is equal to 2.65 pounds.

C-2. What constitutes written evidence of an established condition?

Rule 6A-6.03030(2)(c), F.A.C., requires written evidence that the LES has determined that the infant or toddler has an established condition. According to the Early Steps Policy Handbook and Operations Guide (http://www.cms-kids.com/home/resources/es_policy_0113/es_policy.html), Component 3.1.3, “IDEA, Part C Eligibility,” states that:

...if the child has an established condition that has a high probability of resulting in a developmental delay, a written confirmation from a licensed physician of the diagnosis is required to establish eligibility or in the case of (a) severe attachment disorder or autism spectrum disorder, a healthcare practitioner acting within

his/her scope of practice or (b) in case of hearing loss, a licensed audiologist. Written confirmation of the diagnosed condition must be in the child's Early Steps record.

The LES will document an infant or toddler's eligibility on Form D of the IFSP. The Early Steps Policy Handbook and Operations Guide's "IFSP Instructions" explain that an established condition will need to be indicated under the eligibility determination section of the document with the date the child's eligibility is determined. If the local school district serves children birth to three, the school district will need to request that the LES provide copies of the IFSP to document eligibility for children with an established condition. The IFSP Instructions, which include Form D, may be found at http://www.cms-kids.com/home/resources/es_policy_0113/Attachments/5_IFSP_Instructions.pdf.

School districts serving infants and toddlers will need to work closely with the LES to obtain written documentation of a child's eligibility based on an established condition. Parent consent will be required to release such information to school districts.

D. Rule 6A-6.03031, F.A.C., Exceptional Student Education Eligibility for Infants and Toddlers Birth Through Two who are Developmentally Delayed

D-1. How does the revised rule define a developmental delay?

Rule 6A-6.03031, F.A.C., provides the definition of a developmental delay that meets or exceeds 1.5 standard deviations below the mean in two or more developmental domains, or 2.0 standard deviations below the mean in one or more of the following developmental domains, as measured by at least one appropriate diagnostic instrument and procedures and informed clinical opinion.

- Adaptive development
- Cognitive development
- Communication development
- Social or emotional development
- Physical development

The rule is consistent with the definition and eligibility criteria as stated in Component 3.1.4 A of the Policy Handbook, in the Early Steps Policy Handbook and Operations Guide found at http://www.cms-kids.com/home/resources/es_policy_0113/es_policy.html.

The Early Steps Program policy makes provisions for how eligibility may be determined when the scores attained on the initial eligibility assessment do not meet the criteria noted above. Component 3.1.4.B of the Policy Handbook states the following.

For any child made eligible due to developmental delay based on documented sources beyond standard scores when the scores on the initial eligibility

assessment do not meet the Early Steps eligibility criteria, the following must occur:

- The rationale behind a recommendation for eligibility must be clearly delineated in the IFSP/Evaluation Report, and must document all pieces of information collected through a variety of methods.
- The child's eligibility must be re-determined with parental consent no later than the end of the initial six month service authorization period. Informed clinical opinion must be included in the re-determination.
- If the re-determination of eligibility indicates that the child is no longer developmentally delayed, the child should be exited from Early Steps.
- If parental consent is not provided for the re-determination of eligibility, then continuing eligibility has not been established and the child will no longer be eligible for Early Steps. Written prior notice per Component 8.4.1 of the Policy Handbook must be provided when the IFSP team proposes to discharge the child from Early Steps.

Component 3.1.4.C of the Policy Handbook states the following.

Informed clinical opinion may be used to establish a child's eligibility for Early Steps even when an evaluation instrument does not indicate eligibility; however, in no event may informed clinical opinion be used to deny a child's eligibility for Early Steps when scores on the evaluation instrument(s) meet Early Steps eligibility criteria.

Component 3.1.4 D of the Policy Handbook states the following.

A child's medical and other records may be used to establish eligibility on the basis of developmental delay without conducting an evaluation, if the records:

- Indicate the child's level of functioning meets Florida's eligibility criteria as described in Component 3.1.4 A or that the child otherwise meets the criteria set forth by the Early Steps Handbook and Operations Guide.
- Are from within the past 90 days.

Regarding the communication domain, Component 3.1.4.E of the Policy Handbook states the following.

When a child meets all of the criteria below, additional testing using an evaluation instrument specific to the communication domain is required to affirm eligibility.

- Referral between 24 and 36 months of age.
- Standard scores do not meet the eligibility criteria outlined in policy 3.1.4A

- Scaled scores for the expressive and receptive language subdomains of the communication domain show a discrepancy of 3 or more points, and at least one of the two subdomain scores is 5 or below.
- Does not have an established condition.

D-2. What constitutes written evidence of the determination of a developmental delay?

Rule 6A-6.03031(d), F.A.C., requires written evidence that the LES has determined that the infant or toddler has a developmental delay and is eligible for early intervention services. Documentation of an infant or toddler’s eligibility is completed on Form D of the IFSP. Form D serves as the written evaluation report. The Early Steps Policy Handbook and Operations Guide’s “IFSP Instructions,” at http://www.cms-kids.com/home/resources/es_policy_0113/Attachments/5_IFSP_Instructions.pdf, explain that the eligibility results section is used to document the findings of the eligibility determination or re-determination in the five developmental areas.

Evidence gathered through standardized test results, professional observations, parent reports, collateral information and progress monitoring should be synthesized and included within each of the developmental areas on Form D of the IFSP, as appropriate, and becomes the “informed clinical opinion” of the team. The five developmental areas are as follow.

- Using Hands and Body (Gross/Fine Motor Skills)
- Eating, Dressing and Toileting (Self-Help/Adaptive Skills)
- Expressing and Responding to Feelings and Interacting with Others (Social/Emotional)
- Playing, Thinking, Exploring (Academic/Cognitive, including pre-literacy skills)
- Understanding and Communicating (Receptive and Expressive Communication)

When determining initial eligibility, the LES will document standard scores on Form D of the IFSP. Scores of any type should never be the sole reason and documentation for a child’s eligibility. Developmental delay will need to be indicated under the eligibility determination section of the document with the indicated domains of delay and the date the child’s eligibility is determined.

School districts serving infants and toddlers will need to work closely with the LES to obtain written documentation of a child’s eligibility based on developmental delay. Parent consent will be required to release such information to school districts.

Appendix A: Rules

6A-6.03026 Eligibility Criteria for Prekindergarten Children with Disabilities.

(1) A prekindergarten child with disability is a child who meets the following criteria:

(a) The child is below three (3) years of age and meets criteria for eligibility specified for intellectual disabilities in accordance with Rule 6A-6.03011, F.A.C.; deaf or hard of hearing in accordance with Rule 6A-6.03013, F.A.C.; visually impaired in accordance with Rule 6A-6.03014, F.A.C.; orthopedically impaired in accordance with Rule 6A-6.030151, F.A.C.; other health impaired in accordance with Rule 6A-6.030152, F.A.C., traumatic brain injury in accordance with Rule 6A-6.030153, F.A.C.; dual sensory impaired in accordance with Rule 6A-6.03022, F.A.C.; autism spectrum disorder in accordance with Rule 6A-6.03023, F.A.C.; an established condition in accordance with Rule 6A-6.03030, F.A.C.; or developmentally delayed in accordance with Rule 6A-6.03031, F.A.C.

(b) The child is three (3) through five (5) years of age and meets criteria for eligibility specified for intellectual disabilities in accordance with Rule 6A-6.03011, F.A.C.; speech impaired in accordance with Rule 6A-6.03012, F.A.C.; language impaired in accordance with Rule 6A-6.030121, F.A.C.; deaf or hard of hearing in accordance with Rule 6A-6.03013, F.A.C.; visually impaired in accordance with Rule 6A-6.03014, F.A.C.; orthopedically impaired in accordance with Rule 6A-6.030151, F.A.C.; other health impaired in accordance with Rule 6A-6.030152, F.A.C.; traumatic brain injury in accordance with Rule 6A-6.030153, F.A.C.; emotional or behavioral disabilities in accordance with Rule 6A-6.03016, F.A.C.; specific learning disabilities in accordance with Rule 6A-6.03018, F.A.C.; homebound or hospitalized in accordance with Rule 6A-6.03020, F.A.C.; dual sensory impaired in accordance with Rule 6A-6.03022, F.A.C.; autism spectrum disorder in accordance with Rule 6A-6.03023, F.A.C.; or developmentally delayed in accordance with Rule 6A-6.03027, F.A.C.

(2) Determination of Eligibility. Meetings held to determine eligibility shall be conducted in accordance with subsection 6A-6.0331(6), F.A.C.

(3) Procedures for evaluation.

(a) An evaluation of the child shall be conducted in accordance with requirements of rules listed in subsection (1) of this rule, and Rule 6A-6.0331, F.A.C.

(b) Existing screening and evaluation information available from agencies that previously served the child and family shall be used, as appropriate, to meet the evaluation requirements of the rules listed in subsection (1) of this rule.

(4) Instructional program.

(a) A child who is eligible for admission to public kindergarten in accordance with Section 1003.21, F.S., and is eligible as a child with a disability in accordance with one or more of the rules identified in paragraph (1)(b) of this rule, may receive instruction for one additional school year in a prekindergarten classroom in accordance with the child's individual educational plan (IEP) or individualized family support plan (IFSP). The parent or guardian of a child who receives instruction for this additional year in prekindergarten must be informed in writing of future implications of such a decision with regard to the requirements of mandatory retention in accordance with Section 1008.25, F.S. If the parent or guardian does not concur with the IEP or IFSP team's recommendation for an additional year of instruction in a prekindergarten classroom, the IEP or IFSP team recommendation may not be used to deny admission to public kindergarten of a child who is eligible for admission in accordance with Section 1003.21, F.S.

(b) In the provision of early intervention services as defined in paragraph 6A-6.03411(1)(i), F.A.C., for eligible infants or toddlers with disabilities, home instruction may include direct instruction of the parent, guardian, or primary caregiver.

Rulemaking Authority 1001.02, 1003.01, 1003.21, 1003.57 FS. Law Implemented 1003.01, 1003.21, 1003.57 FS. History – New 5-18-86, Amended 7-13-93, 1-4-94, 3-25-13.

6A-6.03030 Exceptional Student Education Eligibility for Infants or Toddlers Birth Through Two Years Old who have Established Conditions.

(1) Definition. An infant or toddler with an established condition is defined as a child from birth through two (2) years of age with a diagnosed physical or mental condition known to have a high probability of resulting in developmental delay. Such conditions shall include genetic and metabolic disorders, neurological disorders a severe attachment disorder, an autism spectrum disorder, a sensory impairment (vision or hearing), or the infant's birth weight was less than 1,200 grams.

(2) Criteria for eligibility. An infant or toddler with an established condition is eligible for exceptional student education when a team of qualified professionals and the parent or guardian in accordance with subsection 6A-6.0331(6), F.A.C., determine that all the following criteria are met:

- (a) The infant or toddler is below the age of thirty-six (36) months;
- (b) The requirements of subsection 6A-6.0331(2), F.A.C., have been met; and
- (c) There is written evidence that the Department of Health, Children's Medical Services, Part C Local Early Steps has determined that the infant or toddler has an established condition as defined in subsection (1) of this rule; and,
- (d) The infant or toddler needs early intervention services as defined in paragraph 6A-6.03411(1)(i), F.A.C.

(3) Continued eligibility. Continued eligibility for exceptional student education shall be determined before the child's third birthday in accordance with Rule 6A-6.03026, F.A.C.

Rulemaking Authority 1001.02, 1003.01, 1003.21, 1003.57 FS. Law Implemented 1003.01, 1003.21, 1003.57 FS. History—New 11-29-93, Amended 4-4-13.

6A-6.03031 Exceptional Student Education Eligibility for Infants and Toddlers Birth Through Two Years Old who are Developmentally Delayed.

(1) Definition. An infant or toddler who is developmentally delayed is defined as a child from birth through two years of age who has a delay in one (1) or more of the following developmental domains:

- (a) Adaptive development;
- (b) Cognitive development;
- (c) Communication development;
- (d) Social or emotional development;
- (e) Physical development;

(2) Criteria for eligibility. An infant or toddler with a developmental delay is eligible for exceptional student education when a team of qualified professionals and the parent or guardian in accordance with subsection 6A-6.0331(6), F.A.C., determine that all the following criteria are met:

- (a) The child is below the age of thirty-six (36) months;
- (b) There is documentation of one of the following:
 - 1. A score of 1.5 standard deviations below the mean in two (2) or more developmental domains as measured by at least one (1) appropriate diagnostic instrument and procedures, and informed clinical opinion; or
 - 2. A score of 2.0 standard deviations below the mean in one (1) developmental domain as measured by at least one (1) appropriate diagnostic instrument and procedures, and informed clinical opinion; or
 - 3. Based on informed clinical opinion a determination has been made that a developmental delay exists.
- (c) The requirements of subsection 6A-6.0331(2), F.A.C., have been met; and
- (d) There is written evidence that the Department of Health, Children's Medical Services, Part C Local Early Steps has determined that the infant or toddler has a developmental delay as defined in paragraph (2)(b) of this rule; and
- (e) The infant or toddler needs early intervention services as defined in paragraph 6A-6.03411(1)(i), F.A.C.

(3) Continued eligibility. Continued eligibility for exceptional student education shall be determined before the child's third birthday in accordance with Rule 6A-6.03026, F.A.C.

Rulemaking Authority 1001.02, 1003.01, 1003.21, 1003.57 FS. Law Implemented 1003.01, 1003.21 FS. History--New 11-29-93, Amended 4-4-13.

Appendix B: Sample Notice to Parents

Dear Parent(s):

As you are aware, your child's individual educational plan (IEP) or individualized family support plan (IFSP) team is considering an additional year of instruction for child's name in the prekindergarten program for children with disabilities. We are required to notify you in writing of the implications of such a decision. The purpose of this letter is to provide you with an explanation of these implications if you should choose to agree to have child's name participate in the prekindergarten disabilities program for an additional year.

An additional year of instruction in the prekindergarten disabilities program is not considered a retention and could have future implications regarding the requirements of mandatory retention at grade 3. Some students in grade 3 can be exempted from the retention requirement and be promoted to fourth grade. This is called a "good cause exemption." One of the good cause exemptions is previous retention in kindergarten, grade 1, grade 2 or grade 3 for a total of two years. This does not include children who have received an additional year of instruction in a prekindergarten disabilities program. The additional year that the child receives instruction in the prekindergarten disabilities program will not be considered as a year of retention for a good cause exemption. Based on current law, children in grade 3 who do not demonstrate reading proficiency must be retained.

If you wish to discuss this option more, please contact _____ at _____.

Please check the appropriate box below:

I understand the above stated implications and agree with the IEP or IFSP team decision for my child to receive an additional year of instruction in the prekindergarten disabilities program.

I understand the above stated implications and do not agree for my child to receive an additional year of instruction in the prekindergarten disabilities program. I understand that my child will be eligible to enroll in a public kindergarten next school year.

Parent Signature

Date

Appendix C: Established Conditions List

Early Steps Policy Handbook and Operations Guide
Component 3, First Contacts/Evaluation/Assessment: Attachment at
http://www.cms-kids.com/home/resources/es_policy_0113/es_policy.html

Established Conditions (Not an exhaustive list)
Genetic and Metabolic Disorders
Albinism
Albright Hereditary
Angelman Syndrome (Happy Puppet Syndrome)
Achondroplasia (dwarfism)
Acrocallosal Syndrome, Schinzel Type (Absence of Corpus Callosum, Schinzel Type, ACS Hallux Duplication, Postaxial Polydactyly, Absence of Corpus Callosum, Schinzel Acrocallosal Syndrome, ACLS)
Adrenoleukodystrophy
Amelia
Antley-Bixler Syndrome (Multisynostotic Osteodysgenesis, Craniosynostosis, Choanal Atresia, Radial Humeral Synostosis, Trapezoidocephaly-Multiple Synostosis Syndrome, ABS, Multisynostotic Osteodysgenesis with Long Bone Fractures)
Apert Syndrome (Acrocephalosyndactyly)
Arthrogryposis Multiplex Congenita
Ataxia
Ataxia-Telangiectasia Syndrome (Louis-Bar Syndrome)
Beals Syndrome (Congenital Contractural Arachnodactyly, Hecht-Beals Syndrome)
Beckwith-Wiedemann Syndrome
Canavan Disease
Cardio-Facio-Cutaneo Syndrome
Cerebral Lipdosis
Cerebro-Oculo-Facio-Skeletal (COFS) Syndrome
CHARGE Syndrome/Association
Chromosome 10p+, 11p-, 12p-, 13q-, 13q+, 18q-, 21q-, 22q-, 3q+, 4q-, 4Q+, 5p-Syndromes
Coffin-Lowry Syndrome
Coffin-Siris Syndrome
Cornelia de Lange Syndrome (Brachmann de Lange
Cri-du-chat Syndrome (Deletion 5p Syndrome)
Cystic Fibrosis
Dandy Walker Syndrome
Down Syndrome (Trisomy 21)
Duchenne Muscular Dystrophy

Dyggve-Melchior-Clausen Syndrome (DMC Disease, DMC Syndrome, Smith-McCort Dysplasia)
Fanconi Syndrome
Fragile X Syndrome
Fraser Syndrome (Cryptophthalmos Syndrome, Meyer-Schwickerath's syndrome, Fraser-Francois syndrome, Ullrich-Feichtiger syndrome)
Galactosemia
Gaucher Syndrome (Glucosylceramide storage disease; GSDI)
Glutaric Aciduria Type I & Type II
Glycogen Storage Disease
Hypothyroidism (congenital)
Jeune Syndrome
Joubert Syndrome
Klinefelter Syndrome
Krabbe's disease
Lesch-Nyhan Syndrome
Lissencephaly Syndrome (Miller-Dieker Syndrome, Agyria)
Maple Syrup Urine
Mucopolysaccharidosis II, III
Noonan Syndrome
Organic Acidemias
Pelizaeus-Merzbacher disease
Peroxisomal Disorders
Phenylketonuria (PKU)
Phelan-McDermid syndrome
Rubenstein-Taybi Syndrome
Schwartz-Jampel Syndrome
Prader-Willi Syndrome
Steinert Myotonic Dystrophy Syndrome (Curschmann-Batten-Steinert syndrome)
Tay-Sachs disease (Sandhoff)
Treacher-Collins Syndrome
Trisomy 8
Trisomy 9
Tetrasomy 12p
Trisomy 13 (Patau Syndrome)
Trisomy 18 (Edward's Syndrome)
Tuberous Sclerosis Complex
Urea Cycle Defect
Very long chain fatty acid storage diseases
Waardenburg Syndrome, Types I and II
Walker-Warburg Syndrome (XO)
Williams Syndrome
Zellweger Syndrome (Cerebro-Hepato-Renal Syndrome)

Neurological Disorders
Agyria (Miller-Dieker lissencephaly syndrome (MDLS), agyria syndrome, agyria-pachygyria syndrome, classical lissencephaly)
Aicardi Syndrome
Alpers Syndrome/Disease
Apert Syndrome (Acrocephalosyndactyly)
Aphasia
Arachnoid cyst with neuro-developmental delay
Arhinencephaly (Holoprosencephaly)
Arnold-Chiari syndrome, type II (Malformation d'Arnold-Chiari)
Ataxia
Cerebral Palsy
CNS Aneurysm with Neuro-Developmental Delay
CNS Tumor with Neuro-Developmental Delay
Encephalopathy, congenital only
Encephalopathy, Static
Erb's Palsy (Brachial Plexus Injury, Perinatal Origin)
Holoprosencephaly
Hypertonia (persistent only)
Hypophosphotasia-Infantile
Lennox-Gastaut Syndrome
Intraventricular hemorrhage (III or IV)
Meningocele (cervical)
Miller-Dieker Syndrome
Mitochondrial Disorder
Multiple anomalies of the brain
Myopathy
Neural Tube Defect
Spinocerebellar Disorders
TAR (Thrombocytopenia-Absent Radii syndrome)
Traumatic Brain Injury (Head Trauma)
Severe Attachment Disorders
Anxiety Disorders of Infancy and Early Childhood
Depression of Infancy and Early Childhood
Infantile Anorexia
Autism Spectrum Disorders
Asperger's Disorder
Autism Spectrum Disorder
Childhood Disintegrative Disorder
Pervasive Developmental Disorder

Rett's Syndrome

Significant Sensory Impairment

Auditory Neuropathy

Blindness ("legal" blindness or 20/200 best acuity with correction)

Cataracts (congenital only)

Glaucoma

Optic Nerve Hypoplasia (DeMorsier's Syndrome, Septo Optic Dysplasia)

Progressive hearing loss as related to syndromes such as neurofibromatosis, osteopetrosis, and Usher's

Sensorineural hearing loss in excess of 25 dB HL

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Other

Hydrocephalus (congenital or acquired)

Low Birth Weight (<1,200 grams at birth)

Fetal Alcohol Syndrome

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